

## NOTICE

Effective on and after December 1, 2005, the Plan of Benefits (herein called the Plan) for employees of **STATE OF COLORADO** is changed as follows.

The provisions shown below, entitled ***Voluntary Second Level Appeal*** and ***Cost of Appeals***, are added to and made a part of the **Appeals Procedure for Pre-Treatment Authorization, Concurrent Review or Retrospective Review** section of the Summary Plan Description.

You will now have up to three levels of appeal if your initial request is denied. A new option has been added called the ***Voluntary Second Level Appeal***. The ***Voluntary Second Level Appeal*** allows you to meet with a Great-West Healthcare Physician and present your case in person or by telephone. This appeal is optional and may be requested by You or Your Authorized Representative following an Adverse Determination at the first level appeal, either the ***Standard Appeal*** or ***Expedited Appeal***. You or Your Authorized Representative may choose to directly initiate an ***External Review*** without utilizing the ***Voluntary Second Level Appeal***. The details are outlined below. You may go through the entire appeals process (Standard or Expedited First Level Appeal, Voluntary Second Level Appeal, and the External Appeal) at no charge to you.

### ***Appeals Procedure for Pre-Treatment Authorization, Concurrent Review or Retrospective Review***

In the event that a request for Pre-Treatment Authorization or Concurrent Review or Retrospective Review is denied in whole or in part, You will be notified in writing of the following:

1. the reason for denial;
2. specific reference to the Plan provisions on which the denial was based;
3. any additional material or information needed for further review of the claim;
4. an explanation of the Plan's review procedure and time limits;
5. with respect to medical claims the specific rule, guideline, protocol or similar criterion, or other relevant information if any, that was relied upon in deciding the claim, or a statement that such was relied upon and is available upon request;
6. with respect to medical claims, an explanation of the scientific or clinical judgment for determining a denial based on a medical judgment, Medical Necessity, or treatment that is Experimental, Investigational or Unproven, or a statement that such explanation is available free of charge upon request.

This denial is called an Adverse Determination. "Adverse Determination" means that Your Hospital admission, continued Hospital stay or other health care service has been reviewed and, based upon the information provided, does not meet Great-West's Medical Outreach Department's requirements for being Medically Necessary, Appropriate, effective or in the proper setting and may result in a denial of coverage for the health care service.

#### ***First Level Appeal***

If You or Your Physician acting on Your behalf, or other Authorized Representative do not agree with an Adverse Determination, You or Your Physician acting on Your behalf or other Authorized Representative may initiate an appeal by telephoning, faxing or submitting a written request to Great-West's Medical Outreach Department. Additional evidence may be presented for consideration on appeal. Initial appeal requests must be received within 180 calendar days of the initial Adverse Determination. The address to which to send an appeal and any other contact information will be included with the notice of Adverse Determination.

"Authorized Representative" means the Member's Spouse, parent (if the Member is a minor), legal counsel, or any person who submits proof that he or she has been designated by the Member or a court of law to act on such person's behalf. It will also include Your Physician or Hospital for the

purposes of requesting Pre-Treatment and Concurrent Review Authorizations, and submitting claims and appeals on Your behalf.

In connection with the Plan's review of the appeal, You have the right to 1) see the Plan and other relevant papers affecting the claim, 2) argue against the Adverse Determination, 3) have a representative act on Your behalf in the appeal. All comments, documents, records and other information submitted in connection with the claim being reviewed will be considered.

There are two types of First Level Appeals, a Standard First Level Appeal and an Expedited First Level Appeal.

### ***Standard First Level Appeal***

Within 15 days of receiving the appeal request, Great-West's Medical Outreach Department will notify the person who submitted the appeal of its decision in writing. The appeal will be reviewed by a Physician who:

1. has appropriate training and experience in the field of medicine involved in the medical judgment;
2. was not previously involved with the Adverse Determination;
3. is not the subordinate of the person previously involved with the Adverse Determination.

### ***Expedited First Level Appeal***

If the Standard Appeal process would place Your life or health in serious jeopardy or Your ability to regain maximum function would be jeopardized, a request for an Expedited First Level Appeal may be phoned in by You, a Physician with knowledge of Your medical condition or other Authorized Representative (if any). Great-West's Medical Outreach Department will conduct the review by telephone or through the exchange of written information. You, Your Authorized Representative (if any), and Your Physician will be informed of the decision by telephone or fax within 72 hours of Great-West's Medical Outreach Department's receipt of the appeal request.

The appeal will be reviewed by a Physician who:

1. has appropriate training and experience in the field of medicine involved in the medical judgment;
2. was not previously involved with the Adverse Determination;
3. is not the subordinate of the person previously involved with the Adverse Determination.

### ***Voluntary Second Level Appeal***

If you disagree with the First Level Appeal Decision, you have two choices. You may appeal a First Level Appeal Decision that was a result of the Standard or Expedited Appeal either by requesting an External Review or by making a written request to appear in person utilizing the Voluntary Second Level Appeal process. This voluntary appeal is available if You desire to have the opportunity to explain your grievance and to provide additional relevant evidence in support of your claim for benefits in person or by telephone conference call. You must notify Great-West's Medical Outreach Department of Your desire to pursue a Voluntary Second Level Appeal within 30 calendar days from Your receipt of the First Level Appeal Decision. The Voluntary Second Level Appeal will be handled by a physician, with appropriate expertise, who was not previously involved in the appeal and who does not have a direct financial interest in the appeal or the outcome of the appeal.

Great-West's Medical Outreach Department will schedule, hold and complete the Voluntary Second Level Appeal on a mutually agreeable date within 30 calendar days of receipt of Your request for a Voluntary Second Level Appeal, providing You with at least 10 calendar days advance notice of the review date. You may request a one-time, additional 30 calendar days to

schedule the review if needed. Upon receipt of your request to schedule a Voluntary Second Level Appeal, Great-West will assign a member liaison who will assist you with the logistics of scheduling the appeal and walk you through the process.

You may be present, either in person or by telephone conference, and may bring legal counsel, advocates and/or health care professionals to the Voluntary Second Level Appeal to assist you in presenting Your appeal. Great-West's Medical Outreach Department and You must provide a copy of the materials to be presented at the appeal to the other party, upon request, at least three calendar days prior to the appeal, or as soon as is practicable for materials developed after the three day deadline. Great-West's Medical Outreach Department will make an audio and a video recording of the review, unless both You and Great-West's Medical Outreach Department agree to forego the video recording. The Voluntary Second Level Appeal determination will be rendered in writing within seven (7) calendar days of the review date.

Any Adverse Voluntary Second Level Appeal Determination may then be sent to the External Appeal step as described below. You or Your Authorized Representative must file this appeal within 60 calendar days after the denial from the Voluntary Second Level Appeal.

### ***External Appeal***

You or Your Physician or other Authorized Representative may initiate an External Appeal of an Adverse Determination by submitting a written request to Great-West's Medical Outreach Department within 60 calendar days of the date you received either the Adverse First Level Appeal Decision, or the Voluntary Second Level Appeal Decision if You exercised this optional appeal. An independent external reviewer will evaluate all relevant information and render a decision whether the particular item or service is Medically Necessary, Experimental, Investigational or Unproven. Great-West is required to provide the independent external reviewer all information used in its determination, including all information and supporting documents submitted by You, Your Physician, or other Authorized Representative, and copies of all denial notices. Upon Your request, Great-West shall provide a copy of all information supplied to the independent external reviewer. The written decision will be rendered within 15 calendar days of the date Great-West's Medical Outreach Department receives the appeal request. Decisions regarding a First Level Expedited Appeal Decision will be rendered within a time frame appropriate to the medical condition of the patient. The decision will be in writing and contain the content noted above for the six items in the Adverse Determination. The determination will also include the title and the credentials of the person(s) conducting the review.

The External Appeal is the final appeal under the Plan and there are no other appeal rights available with respect to the Pre-Treatment Authorization, Concurrent Review or Retrospective Review for Medical Necessity. Great-West Healthcare follows the determination of the external reviewer.